



**MONTANA DEPARTMENT OF  
PUBLIC HEALTH & HUMAN SERVICES  
VITAL RECORDS & STATISTICS BUREAU  
PO BOX 4210  
HELENA, MT 59604-4210**

**PATERNITY  
ACKNOWLEDGMENT**

**PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN**

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))		MOTHER'S DATE OF BIRTH
MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

**BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC**

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. **Do not sign** this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. **If you wish to withdraw this Acknowledgement, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.**

**PLEASE PRINT/SIGN HARD USING A BALL POINT PEN**

<p>I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.</p> <p>Mother's Signature _____ Address _____ City, State, Zip _____ State of _____ County of _____ On this _____ day of _____</p> <p>_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and she acknowledged that she executed it.</p> <p>_____ Notary Public _____ Residing at _____ My commission expires</p> <p>(Seal)</p>	<p>I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.</p> <p>Father's Signature _____ Address _____ City, State, Zip _____ Phone Number _____ State of _____ County of _____ On this _____ day of _____</p> <p>_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he acknowledged that he executed it.</p> <p>_____ Notary Public _____ Residing at _____ My commission expires</p> <p>(Seal)</p>
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**STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
OFFICE OF VITAL STATISTICS**

**NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT**

State of \_\_\_\_\_ )  
:SS.

County of \_\_\_\_\_ )

I, \_\_\_\_\_, signed an acknowledgment of paternity  
(Your name)  
for \_\_\_\_\_ on \_\_\_\_\_.  
(Child's name) (Date)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within **60 days** of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department's vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO before me, a Notary Public for the State of Montana, on the date written above.

(SEAL)

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE**

You may file this document:

**IN PERSON:**

DPHHS  
Office of Vital Statistics  
111 Sanders St., Rm 6  
Helena, MT 59620

**BY MAIL:**

DPHHS  
Office of Vital Statistics  
PO Box 4210  
Helena, MT 59604-4210